SUMMONS FOR WITNESS DOCKET NUMBER				Trial Court of Massachusetts			
CECCIONI CENNINAL HIDV				District Court Department			
SESSION: CRIMINAL JURY				NAME AND ADDRESS OF COURT DIVISION		YOU MUST APPEAR AT	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT			DEDHAM SUPERIOR COURT		THIS COURT		
COMMONWEALTH			650 HIGH STREET		ADDRESS		
			DEDHAM, MA 02026		ON THE DATE		
v.			DATE AND TIME OF APPEARANCE		AND TIME		
<b>v</b> •				AT		SPECIFIED	
						HEREIN	
			Dece	ember 13, 2011	10:00 AM		
				DATE	TIME		
NAME, ADDRESS AND ZIP CODE OF WITNESS			OFFEN	ISE(S)			
Kate Corbett				Conspiracy to violate the drug laws			
Department of Public Health							
TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:							
You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness							
named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then							
residing therein, or by mailing it to the last known address of the defendant or witness.							
NOTE: A summons for a witness may also be served by any person authorized to serve a summons							
in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.							
To the above named Witness:						Į.	
You are hereby required in the name of the Commonwealth, to make your appearance before							
the Justices of the Court on the date and time noted above, and to appear from time to time							
and day to day thereafter as ordered. You are further required to bring with you:						1	
If you do not appear on this date and time a warrent may issue for your arrest. Disease							
If you do not appear on this date and time a warrant may issue for your arrest. Please call me to ensure your presence at trial. ADA Jason Mohan, 781-830-4800 *258							
can me to ensure your presence at that. ADA bason monan, 701-030-4000 200							
				T	DATE OF		
WITNESS:				<u> </u>			
WITHLISS.		mhal W Monasing		ISSUE			
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		•					
		Michael W. Morrissey, District	Attorne	ey			
DETURN OF AFRICA							
RETURN OF SERVICE							
I hereby certify that I served the within summons upon the above named Witness by							
Delivering a convert it percendily to the defendant as with acc							
Delivering a copy of it personally to the defendant or witness.							
□ Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein.							
☐ Mailing a copy of it to the last known address of the defendant or witness.							
□ I received the summons on but I was unable to make service							
DATE RECEIVED							
because:							
						<b>-</b>	
DATE OF SERVICE		SIGNATURE OF PERSON MAKING SE	RVICE	TITLE OF PERSO	ON MAKING SERVI	DE .	
			Assistant District Attorney				
Jason F. Mohan							